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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO MAR 11 2014
BY: TELECHAK ANALYST

8 BEFORE THE
MEDICAL BOARD OF CALIFORNIA
9 DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 03-2013-231596

11 **DAVID C. WRIGHT, M.D.**
12 141 Pacific Avenue
Pacific Grove, CA 93950

ACCUSATION

13 Physician's and Surgeon's Certificate No. G88577

14 Respondent.

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true
and correct copy of the original on file in this
office.

Signature

Title

Clifton Hamilton
For the Custodian of Records
Nov. 14, 2019
Date

17 Complainant alleges:

18 PARTIES

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer
21 Affairs.

22 2. On October 28, 2009, the Medical Board of California issued Physician's and
23 Surgeon's Certificate Number G88577 to David C. Wright, M.D. (Respondent). Said certificate is
24 renewed and current, with an expiration date of March 31, 2015.

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4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked or suspended for a period not to exceed one year; or the licensee may be placed on probation and may be required to pay the costs of probation monitoring or may have such other action taken in relation to discipline as the Division deems proper.

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter [Chapter 5, the Medical Practice Act]

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care. . ."

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1 6. Section 2266 of the Code provides:

2 “The failure of a physician and surgeon to maintain adequate and accurate records relating
3 to the provision of services to their patients constitutes unprofessional conduct.”

4 **FIRST CAUSE FOR DISCIPLINARY ACTION**

5 **(Gross Negligence/Repeated Negligent Acts/Inadequate Records)**

6 7. Respondent’s license is subject to discipline and respondent is guilty of
7 unprofessional conduct in violation of Business and Professions Code § 2234(b) and/or (c) and/or
8 § 2266 in that respondent was grossly negligent and/or committed repeated negligent acts in his
9 care and treatment of Patient K.B.² and failed to keep adequate and accurate records, including
10 but not limited to the following:

11 A. At all relevant times, respondent was a physician specializing in Infectious Diseases
12 with offices in Monterey, California.

13 B. Patient K.B., a 32 year old female, came under respondent’s care and treatment on or
14 about January 28, 2013. In her initial communications with respondent, K.B. gave a history of
15 multiple symptoms following a several year period during which she lived in Israel. K.B. also
16 reported frequent contact with head lice and one occasion when she pulled “a black bug the size
17 of a tick” from her hair. She also reported that the person with whom she lived in Israel had been
18 diagnosed with tick-borne relapsing fever. K.B. had learned of respondent from a patient blog on
19 tick-borne infections called “The Tick That Bit Me” and she contacted respondent for the name of
20 a physician in her area who might evaluate and treat her symptoms. Respondent recommended
21 that K.B. come to his clinic in California for treatment which she did, in part because of her
22 reliance on the information contained in the patient blog. Respondent did not disclose to K.B.
23 that the author of the blog was a member of respondent’s family.

24 C. At her first office visit on January 28, 2013, respondent advised K.B. that based upon
25 her history and symptoms, he believed that she suffered from a chronic tick-borne infection
26 caused by pathogen *Borrelia persica*, which is endemic to Israel and the Middle East. He

27 _____
28 ² The patient’s name is abbreviated to protect privacy interests.

1 recommended that she undergo six weeks of daily IV antibiotic treatment with ceftriaxone. The
2 record of that encounter is significant for the absence of a documented discussion regarding
3 possible alternative diagnoses, the possible risks of the proposed course of IV antibiotic treatment
4 or alternatives to that treatment.

5 D. Multiple laboratory tests for different tick-related *Borrelia* and *Bartonella* strains were
6 ordered by respondent, but the results of all of them were negative. While serologic tests for
7 *Borrelia persica* are not commercially available in the United States, respondent did not order an
8 examination of blood smear samples to detect the organisms and thereby support his diagnosis of
9 *Borrelia persica*. In fact, that diagnosis was not supported by objective findings and the proposed
10 treatment with six weeks of daily IV ceftriaxone was neither the generally accepted modality for
11 treatment of tick-borne relapsing fever caused by *Borrelia persica*, nor the recommended
12 treatment duration.

13 E. K.B. began the recommended daily antibiotic treatment, which respondent
14 administered via a peripheral IV that he placed himself. When K.B. and her mother commented
15 that respondent did not wear gloves or appear to wash his hands when administering the infusion
16 therapy, respondent advised them that it wasn't necessary. Although K.B. experienced various
17 problems related to the treatment, these problems are frequently omitted from respondent's
18 records due to the fact that the electronic chart notes were copied from visit to visit. As a result of
19 this template-use of prior chart notes, respondent's records are in many instances neither adequate
20 nor accurate records of what actually transpired at each visit.

21 F. K.B. had significant side effects as a consequence of the ceftriaxone therapy and,
22 after K.B. developed a rash while receiving ceftriaxone, respondent changed her medication to
23 ertapenem on February 23, 2014. Respondent's review of systems, however, states "negative for
24 rashes."

25 G. As her treatment progressed, K.B. experienced increasing abdominal pain, although
26 this is not noted in respondent's chart until March 2, 2013 -- after K.B. had presented to a local
27 hospital emergency room. On March 5, 2013, K.B. underwent a laparoscopic cholecystectomy
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1 for gallstones, described to her as biliary sludge, and which may have resulted from her
2 ceftriaxone therapy.

3 H. K.B. completed respondent's prescribed six week course of daily infusion therapy on
4 March 11, 2013. Although respondent's chart notes stated that K.B.'s nausea and vomiting had
5 resolved as of March 6, in fact K.B. became increasingly ill with fever and vomiting. She went
6 first to a local emergency room and then to a hospital in the San Francisco Bay Area, where she
7 was diagnosed with *Clostridium difficile* colitis (a possible consequence of the ceftriaxone
8 therapy) and required a prolonged hospitalization for treatment of that bacterial infection.

9 8. Respondent is guilty of unprofessional conduct and subject to disciplinary action
10 under section 2234, and/or 2234(b) and/or 2234(c) and/or 2266 of the Code in that respondent
11 was grossly negligent and/or committed repeated negligent acts and/or failed to maintain
12 adequate and accurate medical records, including but not limited to the following:

13 A. Respondent failed to maintain appropriate records, instead copying them from visit to
14 visit resulting in each chart note being an inaccurate record of what transpired at each of the
15 patient's visits;

16 B. Respondent diagnosed a presumptive chronic *Borrelia persica* infection without an
17 adequate objective basis;

18 C. Respondent recommended and administered an atypical treatment for presumptive
19 *Borrelia persica* infection without an adequate basis in the medical literature;

20 D. Respondent failed to discuss and/or failed to document the risks and alternatives to
21 the proposed treatment;

22 E. Respondent failed to follow standard guidelines for hand hygiene in the placement of
23 peripheral intravenous catheters;

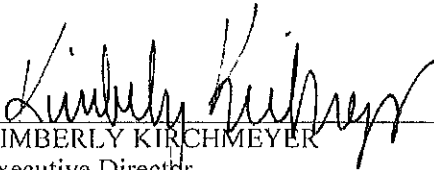
24 F. Respondent utilized a patient blog as an endorsement without disclosing that the
25 blog's author was a family member.

26 **PRAYER**

27 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged
28 and that following the hearing the Board issue a decision:

- 1 1. Revoking or suspending physician and surgeon certificate number G88577 issued to
- 2 David C. Wright, M.D.;
- 3 2. Prohibiting David C. Wright, M.D., from supervising physician assistants pursuant to
- 4 section 3257 of the Code;
- 5 3. Ordering David C. Wright, M.D., if placed on probation, to pay the costs of probation
- 6 monitoring;
- 7 4. Taking such other and further action as may be deemed proper and appropriate.

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9 DATED: March 19, 2014


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:)	
)	
DAVID C. WRIGHT, M.D.)	Case No. 03-2013-231596
)	
Physician's and Surgeon's)	
Certificate No. G 88577)	
)	
Respondent.)	
_____)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on February 20, 2015.

IT IS SO ORDERED January 21, 2015.

MEDICAL BOARD OF CALIFORNIA

By: Dev Gnanadev MD
Dev Gnanadev, M.D., Chair
Panel B